ESTATE INFORMATION SHEET MIDDLESEX COUNTY SURROGATE'S COURT

P.O. Box 790, New Brunswick, NJ 08903-0790

surrogate@co.middlesex.nj.us

| Location; if requesting a satel Date of Satellite Appointment | | | | | |
|---|-----------------|--------------|-----------------|----------------------------|-------------------------------|
| Name of Decedent: | | | | | |
| Address of Decedent: | | | | | |
| Marital Status: (circle one) Date of Birth: | Single | Married | ity W | State idowed | Zip Divorced |
| Name and Address of Execu | | | | | |
| Telephone Number of Exec | utor(s)/Adminis | trator(s):_ | | | |
| Beneficiaries/Next of Kin | Relationship | <u>A</u> | ddress - | City & State | Age of Minor(s) |
| (Note:) List all Date of Will: Date of Codicil: | | nal page, i | f necess | Ū | e of Minors |
| List of Decedent's Assets (f death (POD) or have a named benefic | | on or Affic | avit On | (\mathbf{y}) - Do not li | st assets that are payable on |
| NJ Real Estate: Yes: Total Number of Certificate Name, Address, & Phone N | s Requested: | _ | g repres | ented): | |

FOR USE AS FACT SHEET TO BE MAILED OR FAXED TO OFFICE IN ADVANCE OF APPEARANCE ALONG WITH A COPY OF THE DEATH CERTIFICATE, WILL AND CODICIL (if applicable).

ORIGINAL WILL AND CODICIL MUST BE PRESENTED AT TIME OF APPEARANCE

Tel. (732)745-3055 Fax (732)745-4125